



REVERSE TRANSFER TRANSCRIPT REQUEST/RELEASE

Lake Forest College
 Office of the Registrar
 555 N. Sheridan Rd
 Lake Forest, IL 60045
 registrar@lakeforest.edu
 847-735-5025

Please complete, sign and then mail, fax, email or deliver in person to the above address:

Community College Attended	Lake Forest Student ID#	Birth Date (mm/dd/yy)
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Last Name	First	Middle	Former (if Applicable)
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Current Street Address	Lake Forest Student Email Address
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City	State	Zip	Telephone
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Last Completed Term @ Lake Forest College	Last Completed Term @ Community College	Community College ID#
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FERPA Statement:

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, updated January 2009, I understand that my educational records cannot be released without my permission. I authorize the release of my academic records from Lake Forest College to the Community College, and the release of any additional academic records from the Community College to Lake Forest College, in order to share student data information between the two institutions without the violation of FERPA. I understand that I have the right to rescind this release agreement of my academic records at any time by notifying the Registrar at Lake Forest College.

I understand the FERPA statement and agree to my student records being shared between Lake Forest College and the Community College for the purpose of credit evaluation to determine the awarding of an Associate Degree from the Community College. This form also confirms my intention to graduate from the Community College if/when I've met the Associate Degree requirements.

STUDENT SIGNATURE: _____ DATE: _____

A copy of this form will be mailed to the Community College together with the Lake Forest College transcript